

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99672 Office of Registrar of Vital Statistics.

Ward 5<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this certificate to the Undertaker or other person superintending the burial, within twenty-four hours after the death of and deceased, or if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

## CERTIFICATE OF DEATH

Date of Death, May 7-1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Hattie Mc Clasky

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 10 Years, 10 Months,  Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, none

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, lifetime

Place of Death, { Give Street and Number. } 408 E. Monument

Cause of Death, { First (Primary), sentition Second (Immediate), convulsion }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sunday 8<sup>th</sup>

Undertaker, Mr. H. Hecksan

Place of Business, Central av Address, 403 2<sup>nd</sup> E. av

Medical Attendant, D. H. Hall M.D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99673 Office of Registrar of Vital Statistics. Ward 11<sup>2</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 6<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Christian Brendel  
Nicklaus

Sex, ~~Male~~ or ~~Female~~, { Cross out the word not required in this line. }

Age, 60 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Tailor

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 36 years

Place of Death, { Give Street and Number. } 360 N. Union St

Cause of Death, { First (Primary), Apoplexy  
Second (Immediate), Exhaustion }

Duration of Last Sickness, 36 hours

All the above information should be furnished by the Physician

Place of Burial, Linden Park

Date of Burial, May the 9

{ Undertaker, Walter Immel } W. Ricketts M. D.  
Medical Attendant.

{ Place of Business, 594 W. Biddle St Address, Peru, Pa. & Roberts St }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. 99674 Office of Registrar of Vital Statistics.

Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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### CERTIFICATE OF DEATH

Date of Death,

May 7/87

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Charles Guiseppe Deiger

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

2

Months,

Days.

Color,

white

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Bald.

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give Street and Number. }

124 S. Spring St.

Cause of Death,

{ First (Primary),

Second (Immediate),

Marasmus

Duration of Last Sickness,

1 mo.

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

May 8<sup>th</sup>

Undertaker,

Fred Kaede

R. W. Mansfield

M. D.

Medical Attendant.

Place of Business,

108 S. Calverton

Address,

129 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99675 Office of Registrar of Vital Statistics. Ward 7<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased person, if requested so to do, under penalty of law.

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## CERTIFICATE OF DEATH.

Date of Death, May 6<sup>th</sup> 1887

Full Name of Deceased, Patrick Corrigan { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male { Cross out the word not required in this line. }

Age, 71 Years, — Months, — Days.

Color, White

Married, Single, Widow or Widower, Married { Cross out the words not required in this line. }

Occupation, —

Birth Place, Ireland { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 57 years

Place of Death, 1021 E. Preston St { Give Street and Number. }

Cause of Death, Senility { First (Primary), Second (Immediate). }

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's

Date of Burial, May 9<sup>th</sup> 1887

Undertaker, W. Clarke O. Ross M. D. Medical Attendant.

Place of Business, 92 S. Calver St Address

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99676 Office of Registrar of Vital Statistics.

Ward 3<sup>11</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, May 6. 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs. Ann C. Campbell

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 63 Years, Months, Days.

Color, white

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, Fifty-one yrs.

Place of Death, { Give Street and Number. } 1701 Fairmount Ave.

Cause of Death, { First (Primary), Second (Immediate), } Subacute inflammation of stomach  
Carcinoma of left lung

Duration of Last Sickness, Three mos.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, May 10<sup>th</sup> 1887

Undertaker, W. A. Dwyer & Co. L. G. Rusk M. D.

Place of Business, 229 Broadway Address, 2000 E. Bal. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]



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## Health Department, City of Baltimore.

Permit No. *99677* Office of Registrar of Vital Statistics.

Ward *4*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH

Date of Death,

*May 6<sup>th</sup> 1887*

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

*Michael Rodney*

Sex, Male ~~Female~~,

{ Cross out the word not required in this line. }

Age,

*6 8*

Years,

Months,

Days.

Color,

*White*

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

*Laborer*

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

*Ireland*

Duration of Residence in the City of Baltimore,

*Twenty five years*

Place of Death,

{ Give Street and Number. }

*426 S Central Ave*

Cause of Death,

{ First (Primary),

*Exposure*

{ Second (Immediate),

*Lymphoid Pneumonia*

Duration of Last Sickness,

*Four days*

All the above information should be furnished by the Physician.

Place of Burial,

*Holy Cross Cem,*

Date of Burial,

*May 9/87*

Undertaker,

*M. A. Baizer Atty*

*Wm. J. Shepherd*

M. D.

Medical Attendant.

Place of Business,

*227 N Broadway*

*Address, 1102 S Balto St*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99678

Office of Registrar of Vital Statistics.

Ward 7

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## CERTIFICATE OF DEATH

Date of Death, May 6<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Oakley

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 64 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Cook

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany (35 yrs. in America)

Duration of Residence in the City of Baltimore, 35 yrs.

Place of Death, { Give Street and Number. } St. J. P. Hospital

Cause of Death, { First (Primary), Second (Immediate), } Paralysis Agitans  
Apoplexy

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Green Home

Date of Burial, May 8<sup>th</sup> 1887

Undertaker, A. Rosenberger Oscar Hoskroy M. D.  
Rev. W. Medical Attendant.

Place of Business, 324 Park Ave Address, 634 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]





HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

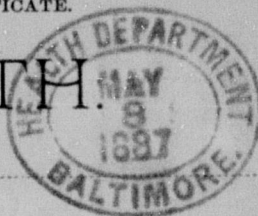
# Health Department, City of Baltimore.

Permit No. 99679 Office of Registrar of Vital Statistics. Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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## CERTIFICATE OF DEATH.



Date of Death, May 7<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Samuel Gray

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 15 Years, Months, Days.

Color, Black

Married, Single, Widowed or Widower, { Cross out the words not required in this line. } Single

Occupation, Errand Boy

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Calvert County

Duration of Residence in the City of Baltimore, 3 years

Place of Death, { Give Street and Number. } Vincent Alley # 1617

Cause of Death, { First (Primary), Second (Immediate), } Tetanic Convulsions resulting from straining himself while at work

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Sharp Street Cemetery

Date of Burial, May 8 1887

Undertaker, Samuel W. Chase L. C. Spanow M. D. Medical Attendant.

Place of Business, 641 S. Howard St. Address, # 10 11 N. Mount St. Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]



HEALTH DEPARTMENT-BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

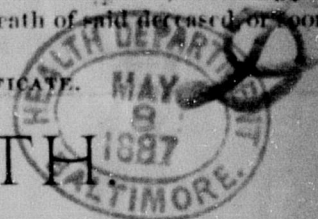
Permit No. 99680

Office of Registrar of Vital Statistics.

Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, May 6<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Mc Dougall

Sex, Male or Female, { Cross out the word not required in this line. } male

Age, 64 Years, Months, Days,

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widower. ✓

Occupation, Sailor

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Scotland

Duration of Residence in the City of Baltimore, since child hood

Place of Death, { Give Street and Number. } 404 St. Paul St.

Cause of Death, { First (Primary), Heart disease  
Second (Immediate),

Duration of Last Sickness, several years.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, May 7/87

Undertaker, C. J. Schou

Place of Business, 925 Madison Ave

Medical Attendant, W. D. Booker M. D.

Address, 551 Park Av.

### Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Board of Health, City of Baltimore, 910

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 99681

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 7, 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Helen Balzell Emory

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 29 Years, 7 Months, 9 Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, none

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Houston Texas

Duration of Residence in the City of Baltimore, 2 months

Place of Death, { Give street and number } 24 E. Madison St.

Cause of Death { First, (Primary.) Typhoid Fever  
Second, (Immediate,) Aethenia.

Duration of last Sickness, About one month

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, May 9th 87

Undertaker, New Jenkins Sons

Place of Business, Park & Aratya

Nathan R. Gorter - M. D.  
Medical Attendant.

Address, S.W. Cor. Charles & Mulberry

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. G. DULANY & CO. CITY PRINTERS AND STATIONERS.

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